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ADDITIONAL INTAKE QUESTIONNAIRE FOR CHILDREN WITH
NEURODEVELOPMENTAL DISORDERS OR MOOD AND BEHAVIOUR DISORDERS
[Including Autism, PDD-NOS, Asperger's Syndrome, Attention-deficit/hyperactivity disorder (ADHD), Learning Disabilities, and Global Developmental Delay]

The biomedical treatment of neurodevelopmental disorders requires correlation of a large amount of detail in order to help understand the nature of the genetic, biochemical, and metabolic imbalances that could be affecting a child's neurological development and maturation. In addition to the usual child's medical history intake questionnaire, please answer these questions below:

Developmental landmarks (please approximate the age):

Crawling: _____ Was this delayed in your opinion? Yes No
Sitting: _____ Was this delayed in your opinion? Yes No
Walking: _____ Was this delayed in your opinion? Yes No
Talking: _____ Was this delayed in your opinion? Yes No

When did you first suspect a neurodevelopmental disorder?

Did your child show symptoms of autism right from birth, or show signs later in infancy?

Yes No Describe: _____

Did your child regress, and lose some of his/her developmental landmarks?

Yes No Describe: _____

When was your child officially diagnosed with a neurodevelopmental disorder?

What was the diagnosis given, and who gave it? _____
[If you have them, please bring copies of any reports that document the diagnosis.]

Has there been any psychological evaluations or medical testing done? If so, please describe:

What symptoms does your child display? Please describe: _____

Which ones concern you the most? Please describe: _____

HISTORY OF PREGNANCY AND DELIVERY

Were there any problems or concerns with the mother’s pregnancy or the child’s delivery?

If so, provide details:

- Toxemia or high blood pressure in mother
- Fetal distress
- Forceps delivery/Vacuum extraction
- Problems with umbilical cord
- Baby needed resuscitation, or had a low APGAR score
- Prolonged labour
- Caesarian section
- Problems with placenta

Prenatal exposures to any of the following? If so, give details:

- Potentially toxic chemicals
- Moldy environments
- Exposure to intense electromagnetic fields or X-rays
- Dental amalgams in the mother
- High intake of fish by the mother (e.g.-several times per week)
- Immunizations or Rhogam given to the mother during pregnancy
- Moving into a newly constructed house

Did the mother have any significant infections during the pregnancy (severe influenza, or infection requiring antibiotics)? Yeast infections? _____

Were there any other medical problems that the mother had during pregnancy? _____

Was the mother following any special diet during her pregnancy? If so, describe _____

ADDITIONAL INFORMATION

Please bring copies of any relevant medical reports, a list of treatments that your child has undertaken in the past, a complete list of your child’s past & present medications, a copy of your child’s immunization schedule, and if available, copies of relevant previous medical reports and laboratory tests details.

Please provide a small photograph of your child (Under 4”X 4”) to have in the chart. This will help Dr. Coombs remember your child when he talks with you by telephone.

ATEC QUESTIONNAIRE

On the following page is the ATEC questionnaire developed by the Autism Research Institute for tracking progress during treatment. I find it helpful not only for the whole autism spectrum ,but also for other children who are basically neurotypically normal but may only have a few isolated features of those found in ASD children. If the ATEC form seems at all relevant to your child’s situation, even if most of the responses are typical, please fill this out for the first appointment. It helps Dr. Coombs understand your child’s symptom pattern better. You can also do the ATEC questionnaire online at the website noted below if you want to obtain a numerical score for each assessment done. For children with a significant ATEC score, the form is a good way of tracking progress. **I suggest you keep copies for your own records.**

